

South Carolina Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience	
			Type of Medicare Advantage Plan									Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
			HMO	Local PPO	Regional PPO	Private Fee-for-Service						Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name							Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*				Includes Tiered Copayments for Drugs				Mail Order Offered	
ABBEVILLE	BlueCross BlueShield of South Carolina	Medicare Blue Private				*			\$0.00	-									
	Humana Insurance Company	Humana Gold Choice PFFS H1804-008				*			\$13.21	\$13.21	*			*			97	*	
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-									
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*	
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*	
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*				\$12.00	-									
		InStil InCare				*			\$30.00	-									
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*	
		InStil InChoice Option II - Regional			*				\$60.00	-									
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*	
AIKEN	BlueCross BlueShield of South Carolina	Medicare Blue		*					\$19.00	\$19.00			*				90	*	
		Medicare Blue Private				*			\$30.00	-									
		Medicare Blue Plus		*					\$43.00	\$39.48			*	*			95	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-008				*			\$13.21	\$13.21	*			*			97	*	
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-									
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*	
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*	
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*				\$12.00	-									
		InStil InCare				*			\$30.00	-									
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*	
		InStil InChoice Option II - Regional			*				\$60.00	-									
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*	
		SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
		SecureHorizons Direct Premier Plan 100					*			\$95.00	-								
		Sterling Option I	Sterling Option I				*			\$9.00	-								
ALLENDALE	Humana Insurance Company	Humana Gold Choice PFFS H1804-008				*			\$13.21	\$13.21	*			*			97	*	
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-									
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*	
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*	
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*				\$12.00	-									
		InStil InCare				*			\$30.00	-									
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*	
		InStil InChoice Option II - Regional			*				\$60.00	-									
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*	
	SecureHorizons Direct	SecureHorizons Direct Plan 2				*			\$0.00	-									
	SecureHorizons Direct Premier Plan 200				*				\$85.00	-									

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Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
ANDERSON	BlueChoice HealthPlan	Platinum Advantage - Plan C		*				\$51.00	\$36.19	*				*			95	*
		Platinum Advantage - Plan B		*				\$66.00	\$36.19	*				*			95	*
		Platinum Advantage - Plan A		*				\$86.00	\$36.19	*				*			95	*
	BlueCross BlueShield of South Carolina	Medicare Blue Private				*		\$0.00	-									
		Medicare Blue		*				\$0.00	\$0.00			*					90	*
		Medicare Blue Plus		*				\$21.00	\$21.00			*					95	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-008				*		\$13.21	\$13.21	*			*				97	*
		HumanaChoicePPO PPO R5826-017			*			\$50.00	-									
		HumanaChoicePPO PPO R5826-031			*			\$86.00	\$21.32		*						97	*
		HumanaChoicePPO PPO R5826-004			*			\$97.00	\$32.47	*			*				97	*
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*			\$12.00	-									
		InStil InCare				*		\$30.00	-									
		InStil InChoice Option I - Regional			*			\$47.00	\$35.28	*			*				96	*
		InStil InChoice Option II - Regional			*			\$60.00	-									
		InStil InChoice Option II - Regional			*			\$102.00	\$41.87	*			*	*			96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 2				*		\$0.00	-									
		SecureHorizons Direct Premier Plan 200				*		\$85.00	-									
	Sterling Option I	Sterling Option I				*		\$9.00	-									
BAMBERG	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*			\$50.00	-					*			97	*
		Humana Gold Choice PFFS H1804-018			*			\$84.00	\$26.38	*			*				97	*
		HumanaChoicePPO PPO R5826-031			*			\$86.00	\$21.32		*						97	*
		HumanaChoicePPO PPO R5826-004			*			\$97.00	\$32.47	*			*				97	*
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*			\$12.00	-					*				
		InStil InChoice Option I - Regional			*			\$47.00	\$35.28	*			*				96	*
		InStil InChoice Option II - Regional			*			\$60.00	-									
		InStil InCare				*		\$65.00	-									
	InStil InChoice Option II - Regional			*			\$102.00	\$41.87	*			*	*			96	*	
BARNWELL	Humana Insurance Company	Humana Gold Choice PFFS H1804-008			*			\$13.21	\$13.21	*			*				97	*
		HumanaChoicePPO PPO R5826-017			*			\$50.00	-									
		HumanaChoicePPO PPO R5826-031			*			\$86.00	\$21.32		*	*					97	*
		HumanaChoicePPO PPO R5826-004			*			\$97.00	\$32.47	*			*				97	*
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*			\$12.00	-					*				
		InStil InCare				*		\$30.00	-									
		InStil InChoice Option I - Regional			*			\$47.00	\$35.28	*			*				96	*
		InStil InChoice Option II - Regional			*			\$60.00	-									
	InStil InChoice Option II - Regional			*			\$102.00	\$41.87	*			*	*			96	*	
BEAUFORT	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*			\$50.00	-					*			97	*
		Humana Gold Choice PFFS H1804-018			*			\$84.00	\$26.38	*			*				97	*
		HumanaChoicePPO PPO R5826-031			*			\$86.00	\$21.32		*	*					97	*
		HumanaChoicePPO PPO R5826-004			*			\$97.00	\$32.47	*			*				97	*
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*			\$12.00	-					*				
		InStil InChoice Option I - Regional			*			\$47.00	\$35.28	*			*				96	*
		InStil InChoice Option II - Regional			*			\$60.00	-									
		InStil InCare				*		\$65.00	-									
	InStil InChoice Option II - Regional			*			\$102.00	\$41.87	*			*	*			96	*	
	Sterling Option I	Sterling Option I				*		\$9.00	-									

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Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
BERKELEY	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*			\$50.00	-									
		Humana Gold Choice PFFS H1804-018				*		\$84.00	\$26.38	*			*				97	*
		HumanaChoicePPO PPO R5826-031			*			\$86.00	\$21.32		*						97	*
		HumanaChoicePPO PPO R5826-004			*			\$97.00	\$32.47	*			*				97	*
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*			\$12.00	-									
		InStil InChoice Option I - Regional			*			\$47.00	\$35.28	*			*				96	*
		InStil InChoice Option II - Regional			*			\$60.00	-									
		InStil InCare				*		\$65.00	-									
		InStil InChoice Option II - Regional			*			\$102.00	\$41.87	*			*	*			96	*
		Sterling Option I	Sterling Option I				*		\$9.00	-								
CALHOUN	BlueCross BlueShield of South Carolina	Medicare Blue Private				*		\$30.00	-									
		Humana Gold Choice PFFS H1804-008				*		\$13.21	\$13.21	*			*				97	*
		HumanaChoicePPO PPO R5826-017			*			\$50.00	-									
		HumanaChoicePPO PPO R5826-031			*			\$86.00	\$21.32		*						97	*
		HumanaChoicePPO PPO R5826-004			*			\$97.00	\$32.47	*			*				97	*
	InStil Health Insurance Company	InStil InCare				*		\$10.00	-									
		InStil InChoice Option I - Regional			*			\$12.00	-									
		InStil InChoice Option I - Regional			*			\$47.00	\$35.28	*			*				96	*
		InStil InChoice Option II - Regional			*			\$60.00	-									
		InStil InChoice Option II - Regional			*			\$102.00	\$41.87	*			*	*			96	*
CHARLESTON	SecureHorizons Direct	SecureHorizons Direct Plan 1				*		\$0.00	-									
		SecureHorizons Direct Premier Plan 200				*		\$85.00	-									
	Today's Option	Today's Options Basic				*		\$30.95	-									
		Today's Options Premier				*		\$42.95	-									
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*			\$50.00	-									
		Humana Gold Choice PFFS H1804-018				*		\$84.00	\$26.38	*			*				97	*
		HumanaChoicePPO PPO R5826-031			*			\$86.00	\$21.32		*						97	*
		HumanaChoicePPO PPO R5826-004			*			\$97.00	\$32.47	*			*				97	*
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*			\$12.00	-									
		InStil InChoice Option I - Regional			*			\$47.00	\$35.28	*			*				96	*
	InStil InChoice Option II - Regional			*			\$60.00	-										
	InStil InCare				*		\$65.00	-										
	InStil InChoice Option II - Regional			*			\$102.00	\$41.87	*			*	*			96	*	
CHEROKEE	Sterling Option I	Sterling Option I				*		\$9.00	-									
		Platinum Advantage - Plan C		*				\$51.00	\$36.19	*			*				95	*
	BlueChoice HealthPlan	Platinum Advantage - Plan B		*				\$66.00	\$36.19	*			*				95	*
		Platinum Advantage - Plan A		*				\$86.00	\$36.19	*			*				95	*
	BlueCross BlueShield of South Carolina	Medicare Blue Private				*		\$0.00	-									
		Humana Gold Choice PFFS H1804-008				*		\$13.21	\$13.21	*			*				97	*
		HumanaChoicePPO PPO R5826-017			*			\$50.00	-									
		HumanaChoicePPO PPO R5826-031			*			\$86.00	\$21.32		*						97	*
		HumanaChoicePPO PPO R5826-004			*			\$97.00	\$32.47	*			*				97	*
	InStil Health Insurance Company	InStil InCare				*		\$10.00	-									
InStil InChoice Option I - Regional				*			\$12.00	-										
	InStil InChoice Option I - Regional			*			\$47.00	\$35.28	*			*				96	*	
	InStil InChoice Option II - Regional			*			\$60.00	-										
	InStil InChoice Option II - Regional			*			\$102.00	\$41.87	*			*	*			96	*	
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*		\$0.00	-									
		SecureHorizons Direct Premier Plan 200				*		\$85.00	-									
	Sterling Option I	Sterling Option I				*		\$9.00	-									

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
CHESTER	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*			\$50.00	-				*			97	*	
		Humana Gold Choice PFFS H1804-018				*		\$84.00	\$26.38	*			*			97	*	
		HumanaChoicePPO PPO R5826-031			*			\$86.00	\$21.32		*					97	*	
		HumanaChoicePPO PPO R5826-004			*			\$97.00	\$32.47	*			*			97	*	
	InStil Health Insurance Company	InStil InCare				*		\$10.00	-									
		InStil InChoice Option I - Regional			*			\$12.00	-									
		InStil InChoice Option I - Regional			*			\$47.00	\$35.28	*			*			96	*	
		InStil InChoice Option II - Regional			*			\$60.00	-									
		InStil InChoice Option II - Regional			*			\$102.00	\$41.87	*			*	*		96	*	
CHESTERFIELD	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*			\$50.00	-				*	*		96	*	
		Humana Gold Choice PFFS H1804-018				*		\$84.00	\$26.38	*			*			97	*	
		HumanaChoicePPO PPO R5826-031			*			\$86.00	\$21.32		*					97	*	
		HumanaChoicePPO PPO R5826-004			*			\$97.00	\$32.47	*			*			97	*	
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*			\$12.00	-									
		InStil InChoice Option I - Regional			*			\$47.00	\$35.28	*			*			96	*	
		InStil InChoice Option II - Regional			*			\$60.00	-									
		InStil InCare				*		\$65.00	-									
		InStil InChoice Option II - Regional			*			\$102.00	\$41.87	*			*	*		96	*	
CLARENDON	BlueCross BlueShield of South Carolina	Medicare Blue Private				*		\$30.00	-									
	Humana Insurance Company	Humana Gold Choice PFFS H1804-008				*		\$13.21	\$13.21	*			*			97	*	
		HumanaChoicePPO PPO R5826-017			*			\$50.00	-									
		HumanaChoicePPO PPO R5826-031			*			\$86.00	\$21.32		*					97	*	
		HumanaChoicePPO PPO R5826-004			*			\$97.00	\$32.47	*			*			97	*	
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*			\$12.00	-									
		InStil InChoice Option I - Regional			*			\$47.00	\$35.28	*			*			96	*	
		InStil InChoice Option II - Regional			*			\$60.00	-									
		InStil InCare				*		\$65.00	-									
		InStil InChoice Option II - Regional			*			\$102.00	\$41.87	*			*	*		96	*	
COLLETON	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*			\$50.00	-									
		Humana Gold Choice PFFS H1804-018				*		\$84.00	\$26.38	*			*			97	*	
		HumanaChoicePPO PPO R5826-031			*			\$86.00	\$21.32		*					97	*	
		HumanaChoicePPO PPO R5826-004			*			\$97.00	\$32.47	*			*			97	*	
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*			\$12.00	-									
		InStil InChoice Option I - Regional			*			\$47.00	\$35.28	*			*			96	*	
		InStil InChoice Option II - Regional			*			\$60.00	-									
		InStil InCare				*		\$65.00	-									
		InStil InChoice Option II - Regional			*			\$102.00	\$41.87	*			*	*		96	*	
	Sterling Option I	Sterling Option I				*		\$9.00	-									
DARLINGTON	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*			\$50.00	-									
		Humana Gold Choice PFFS H1804-018				*		\$84.00	\$26.38	*			*			97	*	
		HumanaChoicePPO PPO R5826-031			*			\$86.00	\$21.32		*					97	*	
		HumanaChoicePPO PPO R5826-004			*			\$97.00	\$32.47	*			*			97	*	
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*			\$12.00	-									
		InStil InChoice Option I - Regional			*			\$47.00	\$35.28	*			*			96	*	
		InStil InChoice Option II - Regional			*			\$60.00	-									
		InStil InCare				*		\$65.00	-									
		InStil InChoice Option II - Regional			*			\$102.00	\$41.87	*			*	*		96	*	
DILLON	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*			\$50.00	-									
		Humana Gold Choice PFFS H1804-018				*		\$84.00	\$26.38	*			*			97	*	
		HumanaChoicePPO PPO R5826-031			*			\$86.00	\$21.32		*					97	*	
		HumanaChoicePPO PPO R5826-004			*			\$97.00	\$32.47	*			*			97	*	
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*			\$12.00	-									
		InStil InChoice Option I - Regional			*			\$47.00	\$35.28	*			*			96	*	
		InStil InChoice Option II - Regional			*			\$60.00	-									
		InStil InCare				*		\$65.00	-									
		InStil InChoice Option II - Regional			*			\$102.00	\$41.87	*			*	*		96	*	

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County	Organization Name	Plan Name										Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		Mail Order Offered	
DORCHESTER	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*				\$50.00	-						*			97	*
		Humana Gold Choice PFFS H1804-018				*			\$84.00	\$26.38	*					*			97	*
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*							97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*					*			97	*
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*				\$12.00	-						*				
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*					*			96	*
		InStil InChoice Option II - Regional			*				\$60.00	-										
		InStil InCare				*			\$65.00	-										
	SecureHorizons Direct	InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*					*	*		96	*
		SecureHorizons Direct Plan 4				*			\$25.00	-										
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-										
		Sterling Option I				*			\$9.00	-										
EDGEFIELD	BlueCross BlueShield of South Carolina	Medicare Blue Private				*			\$0.00	-										
		Humana Gold Choice PFFS H1804-008				*			\$13.21	\$13.21	*					*			97	*
		HumanaChoicePPO PPO R5826-017			*				\$50.00			*							97	*
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*	*					97	*	
	InStil Health Insurance Company	HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*					*			97	*
		InStil InChoice Option I - Regional			*				\$12.00	-						*				
		InStil InCare				*			\$30.00	-						*				
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*					*			96	*
	SecureHorizons Direct	InStil InChoice Option II - Regional			*				\$60.00	-						*				
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*					*	*		96	*
		SecureHorizons Direct Plan 1				*			\$0.00	-										
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-										
Sterling Option I	Sterling Option I				*			\$9.00	-											
	Today's Option	Today's Options Basic				*			\$30.95	-										
FAIRFIELD	BlueChoice HealthPlan	Today's Options Premier				*			\$42.95	-										
		Platinum Advantage - Plan C		*					\$51.00	\$36.19	*					*			95	*
		Platinum Advantage - Plan B		*					\$66.00	\$36.19	*					*			95	*
		Platinum Advantage - Plan A		*					\$86.00	\$36.19	*					*			95	*
	BlueCross BlueShield of South Carolina	Medicare Blue Private				*			\$0.00	-										
		Medicare Blue		*					\$0.00	\$0.00				*					90	*
		Medicare Blue Plus		*					\$21.00	\$21.00				*		*			95	*
		Humana Gold Choice PFFS H1804-008				*			\$13.21	\$13.21	*					*			97	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*				\$50.00	-						*				
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*	*						97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*					*			97	*
		InStil InCare				*			\$10.00	-						*				
InStil Health Insurance Company	InStil InChoice Option I - Regional			*				\$12.00	-						*					
	InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*					*			96	*	
	InStil InChoice Option II - Regional			*				\$60.00	-											
	InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*					*	*		96	*	
SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-											
	SecureHorizons Direct Premier Plan 200				*			\$85.00	-											

South Carolina Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
FLORENCE	BlueCross BlueShield of South Carolina	Medicare Blue		*					\$102.00	\$35.40			*				90	*
		Medicare Blue Plus		*					\$130.00	\$39.74			*	*			95	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*				\$50.00	-				*				*
		Humana Gold Choice PFFS H1804-018				*			\$84.00	\$26.38	*			*			97	*
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*				\$12.00	-								
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStil InChoice Option II - Regional			*				\$60.00	-				*				
		InStil InCare				*			\$65.00	-				*				
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
	Sterling Option I	Sterling Option I				*			\$9.00	-				*				
GEORGETOWN	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*				\$50.00	-				*				*
		Humana Gold Choice PFFS H1804-018				*			\$84.00	\$26.38	*			*			97	*
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*				\$12.00	-				*				
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStil InChoice Option II - Regional			*				\$60.00	-				*				
		InStil InCare				*			\$65.00	-				*				
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
	Sterling Option I	Sterling Option I				*			\$9.00	-				*				
GREENVILLE	BlueChoice HealthPlan	Platinum Advantage - Plan C		*					\$51.00	\$36.19	*			*			95	*
		Platinum Advantage - Plan B		*					\$66.00	\$36.19	*			*			95	*
		Platinum Advantage - Plan A		*					\$86.00	\$36.19	*			*			95	*
	BlueCross BlueShield of South Carolina	Medicare Blue Private				*			\$0.00	-								
		Medicare Blue		*					\$0.00	\$0.00			*				90	*
		Medicare Blue Plus		*					\$21.00	\$21.00			*	*			95	*
	CAROLINA MEDICARE PRIME	Carolina Medicare Prime 15	*						\$29.00	\$28.92			*	*			79	*
		Carolina Medicare Prime 10	*						\$88.00	\$28.92			*	*			79	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-008				*			\$13.21	\$13.21	*			*			97	*
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-				*				
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStil Health Insurance Company	InStil InCare				*			\$10.00	-				*				
		InStil InChoice Option I - Regional			*				\$12.00	-				*				
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStil InChoice Option II - Regional			*				\$60.00	-				*				
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-				*				
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-				*				
	Sterling Option I	Sterling Option I				*			\$9.00	-				*				

South Carolina Medicare Advantage, Cost Plans, and Demonstrations

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Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary		
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
County	Organization Name	Plan Name																Mail Order Offered	
GREENWOOD	BlueCross BlueShield of South Carolina	Medicare Blue Private				*		\$0.00	-										
	Humana Insurance Company	Humana Gold Choice PFFS H1804-008				*		\$13.21	\$13.21	*				*			97	*	
		HumanaChoicePPO PPO R5826-017			*			\$50.00	-										
		HumanaChoicePPO PPO R5826-031			*			\$86.00	\$21.32		*						97	*	
		HumanaChoicePPO PPO R5826-004			*			\$97.00	\$32.47	*				*			97	*	
	InStil Health Insurance Company	InStil InCare				*		\$10.00	-										
		InStil InChoice Option I - Regional			*			\$12.00	-										
		InStil InChoice Option I - Regional			*			\$47.00	\$35.28	*				*			96	*	
		InStil InChoice Option II - Regional			*			\$60.00	-										
		InStil InChoice Option II - Regional			*			\$102.00	\$41.87	*				*	*		96	*	
		SecureHorizons Direct	SecureHorizons Direct Plan 3				*		\$0.00	-									
			SecureHorizons Direct Premier Plan 200				*		\$85.00	-									
	HAMPTON	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*			\$50.00	-									
			Humana Gold Choice PFFS H1804-018			*	*		\$84.00	\$26.38	*			*				97	*
		HumanaChoicePPO PPO R5826-031			*			\$86.00	\$21.32		*						97	*	
		HumanaChoicePPO PPO R5826-004			*			\$97.00	\$32.47	*			*				97	*	
InStil Health Insurance Company		InStil InChoice Option I - Regional			*			\$12.00	-										
		InStil InChoice Option I - Regional			*			\$47.00	\$35.28	*			*				96	*	
		InStil InChoice Option II - Regional			*			\$60.00	-										
		InStil InCare				*		\$65.00	-										
		InStil InChoice Option II - Regional			*			\$102.00	\$41.87	*			*	*			96	*	
HORRY		Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*			\$50.00	-									
		Humana Gold Choice PFFS H1804-018			*	*		\$84.00	\$26.38	*			*				97	*	
		HumanaChoicePPO PPO R5826-031			*			\$86.00	\$21.32		*						97	*	
		HumanaChoicePPO PPO R5826-004			*			\$97.00	\$32.47	*			*				97	*	
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*			\$12.00	-										
		InStil InChoice Option I - Regional			*			\$47.00	\$35.28	*			*				96	*	
		InStil InChoice Option II - Regional			*			\$60.00	-										
		InStil InCare				*		\$65.00	-										
		InStil InChoice Option II - Regional			*			\$102.00	\$41.87	*			*	*			96	*	
	JASPER	Sterling Option I	Sterling Option I				*		\$9.00	-									
Humana Insurance Company		HumanaChoicePPO PPO R5826-017			*			\$50.00	-										
		Humana Gold Choice PFFS H1804-018			*	*		\$84.00	\$26.38	*			*				97	*	
		HumanaChoicePPO PPO R5826-031			*			\$86.00	\$21.32		*						97	*	
		HumanaChoicePPO PPO R5826-004			*			\$97.00	\$32.47	*			*				97	*	
InStil Health Insurance Company		InStil InChoice Option I - Regional			*			\$12.00	-										
		InStil InChoice Option I - Regional			*			\$47.00	\$35.28	*			*				96	*	
		InStil InChoice Option II - Regional			*			\$60.00	-										
		InStil InCare				*		\$65.00	-										
		InStil InChoice Option II - Regional			*			\$102.00	\$41.87	*			*	*			96	*	
KERSHAW	Sterling Option I	Sterling Option I				*		\$9.00	-										
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*			\$50.00	-										
		Humana Gold Choice PFFS H1804-018			*	*		\$84.00	\$26.38	*			*				97	*	
		HumanaChoicePPO PPO R5826-031			*			\$86.00	\$21.32		*						97	*	
		HumanaChoicePPO PPO R5826-004			*			\$97.00	\$32.47	*			*				97	*	
	InStil Health Insurance Company	InStil InCare				*		\$10.00	-										
		InStil InChoice Option I - Regional			*			\$12.00	-										
		InStil InChoice Option I - Regional			*			\$47.00	\$35.28	*			*				96	*	
		InStil InChoice Option II - Regional			*			\$60.00	-										
		InStil InChoice Option II - Regional			*			\$102.00	\$41.87	*			*	*			96	*	

South Carolina Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).
Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
LANCASTER	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•			\$50.00	-				•			97	•	
		Humana Gold Choice PFFS H1804-018				•		\$84.00	\$26.38	•			•			97	•	
		HumanaChoicePPO PPO R5826-031			•			\$86.00	\$21.32		•					97	•	
		HumanaChoicePPO PPO R5826-004			•			\$97.00	\$32.47	•			•			97	•	
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•			\$12.00	-									
		InStil InChoice Option I - Regional			•			\$47.00	\$35.28	•			•			96	•	
		InStil InChoice Option II - Regional			•			\$60.00	-									
		InStil InCare				•		\$65.00	-									
		InStil InChoice Option II - Regional			•			\$102.00	\$41.87	•			•	•		96	•	
	LAURENS	BlueChoice HealthPlan	Platinum Advantage - Plan C		•			\$51.00	\$36.19	•			•				95	•
Platinum Advantage - Plan B					•			\$66.00	\$36.19	•			•			95	•	
		Platinum Advantage - Plan A			•			\$86.00	\$36.19	•			•			95	•	
BlueCross BlueShield of South Carolina		Medicare Blue Private				•		\$0.00	-									
		Medicare Blue		•				\$0.00	\$0.00			•				90	•	
		Medicare Blue Plus		•				\$21.00	\$21.00			•	•			95	•	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-008				•		\$13.21	\$13.21	•			•			97	•	
HumanaChoicePPO PPO R5826-017				•			\$50.00	-										
		HumanaChoicePPO PPO R5826-031			•			\$86.00	\$21.32			•				97	•	
		HumanaChoicePPO PPO R5826-004			•			\$97.00	\$32.47	•			•			97	•	
	InStil Health Insurance Company	InStil InCare				•		\$10.00	-									
		InStil InChoice Option I - Regional			•			\$12.00	-									
		InStil InChoice Option I - Regional			•			\$47.00	\$35.28	•			•			96	•	
		InStil InChoice Option II - Regional			•			\$60.00	-									
		InStil InChoice Option II - Regional			•			\$102.00	\$41.87	•			•	•		96	•	
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•		\$0.00	-									
		SecureHorizons Direct Premier Plan 200				•		\$85.00	-									
	Sterling Option I	Sterling Option I				•		\$9.00	-									
	Today's Option	Today's Options Basic				•		\$30.95	-									
		Today's Options Premier				•		\$42.95	-									
LEE	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•			\$50.00	-									
		Humana Gold Choice PFFS H1804-018				•		\$84.00	\$26.38	•			•			97	•	
		HumanaChoicePPO PPO R5826-031			•			\$86.00	\$21.32			•				97	•	
		HumanaChoicePPO PPO R5826-004			•			\$97.00	\$32.47	•			•			97	•	
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•			\$12.00	-									
		InStil InChoice Option I - Regional			•			\$47.00	\$35.28	•			•			96	•	
		InStil InChoice Option II - Regional			•			\$60.00	-									
		InStil InCare				•		\$65.00	-									
		InStil InChoice Option II - Regional			•			\$102.00	\$41.87	•			•	•		96	•	

South Carolina Medicare Advantage, Cost Plans, and Demonstrations

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Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
LEXINGTON	BlueChoice HealthPlan	Platinum Advantage - Plan C		*					\$51.00	\$36.19	*			*			95	*
		Platinum Advantage - Plan B		*					\$66.00	\$36.19	*			*			95	*
		Platinum Advantage - Plan A		*					\$86.00	\$36.19	*			*			95	*
	BlueCross BlueShield of South Carolina	Medicare Blue		*					\$19.00	\$19.00			*				90	*
		Medicare Blue Private				*			\$30.00	-								
		Medicare Blue Plus		*					\$43.00	\$39.48			*	*			95	*
	CAROLINA MEDICARE PRIME	Carolina Medicare Prime 15	*						\$29.00	\$28.92			*	*			79	*
		Carolina Medicare Prime 10	*						\$88.00	\$28.92			*	*			79	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-008				*			\$13.21	\$13.21	*			*			97	*
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStil Health Insurance Company	InStil InCare				*			\$10.00	-								
		InStil InChoice Option I - Regional			*				\$12.00	-								
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStil InChoice Option II - Regional			*				\$60.00	-								
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
	Sterling Option I	Sterling Option I				*			\$9.00	-								
MARION	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		Humana Gold Choice PFFS H1804-018			*				\$84.00	\$26.38	*			*			97	*
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*				\$12.00	-								
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStil InChoice Option II - Regional			*				\$60.00	-								
		InStil InCare				*			\$65.00	-								
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
	Sterling Option I	Sterling Option I				*			\$9.00	-								
MARLBORO	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		Humana Gold Choice PFFS H1804-018			*				\$84.00	\$26.38	*			*			97	*
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*				\$12.00	-								
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStil InChoice Option II - Regional			*				\$60.00	-								
		InStil InCare				*			\$65.00	-								
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
	BlueCross BlueShield of South Carolina	Medicare Blue Private				*			\$0.00	-								
MCCORMICK	Humana Insurance Company	Humana Gold Choice PFFS H1804-008			*				\$13.21	\$13.21	*			*			97	*
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*				\$12.00	-								
		InStil InCare				*			\$30.00	-								
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStil InChoice Option II - Regional			*				\$60.00	-								
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*

South Carolina Medicare Advantage, Cost Plans, and Demonstrations

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Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description								Cost				Coverage				Convenience		
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
NEWBERRY	BlueChoice HealthPlan	Platinum Advantage - Plan C		*				\$51.00	\$36.19	*			*			95	*	
		Platinum Advantage - Plan B		*				\$66.00	\$36.19	*			*			95	*	
		Platinum Advantage - Plan A		*				\$86.00	\$36.19	*			*			95	*	
	BlueCross BlueShield of South Carolina	Medicare Blue Private				*		\$0.00	-									
		Medicare Blue		*				\$0.00	\$0.00			*				90	*	
	Humana Insurance Company	Medicare Blue Plus		*				\$21.00	\$21.00			*	*			95	*	
		Humana Gold Choice PFFS H1804-008				*		\$13.21	\$13.21	*		*	*			97	*	
		HumanaChoicePPO PPO R5826-017			*			\$50.00	-									
	InStil Health Insurance Company	HumanaChoicePPO PPO R5826-031			*			\$86.00	\$21.32		*					97	*	
		HumanaChoicePPO PPO R5826-004			*			\$97.00	\$32.47	*		*	*			97	*	
		InStil InCare				*		\$10.00	-									
		InStil InChoice Option I - Regional			*			\$12.00	-									
		InStil InChoice Option I - Regional			*			\$47.00	\$35.28	*		*	*			96	*	
		InStil InChoice Option II - Regional			*			\$60.00	-									
		InStil InChoice Option II - Regional			*			\$102.00	\$41.87	*		*	*			96	*	
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*		\$0.00	-									
		SecureHorizons Direct Premier Plan 200				*		\$85.00	-									
OCONEE	BlueCross BlueShield of South Carolina	Medicare Blue Private				*		\$0.00	-									
		Humana Gold Choice PFFS H1804-008				*		\$13.21	\$13.21	*		*	*			97	*	
		HumanaChoicePPO PPO R5826-017			*			\$50.00	-									
	Humana Insurance Company	HumanaChoicePPO PPO R5826-031			*			\$86.00	\$21.32		*					97	*	
		HumanaChoicePPO PPO R5826-004			*			\$97.00	\$32.47	*		*	*			97	*	
		InStil InChoice Option I - Regional			*			\$12.00	-									
	InStil Health Insurance Company	InStil InCare				*		\$30.00	-									
		InStil InChoice Option I - Regional			*			\$47.00	\$35.28	*		*	*			96	*	
		InStil InChoice Option II - Regional			*			\$60.00	-									
		InStil InChoice Option II - Regional			*			\$102.00	\$41.87	*		*	*			96	*	
	Sterling Option I	Sterling Option I				*		\$9.00	-									
ORANGEBURG	BlueCross BlueShield of South Carolina	Medicare Blue Private				*		\$30.00	-									
		Humana Gold Choice PFFS H1804-008				*		\$13.21	\$13.21	*		*	*			97	*	
		HumanaChoicePPO PPO R5826-017			*			\$50.00	-									
	Humana Insurance Company	HumanaChoicePPO PPO R5826-031			*			\$86.00	\$21.32		*					97	*	
		HumanaChoicePPO PPO R5826-004			*			\$97.00	\$32.47	*		*	*			97	*	
		InStil InChoice Option I - Regional			*			\$12.00	-									
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*			\$47.00	\$35.28	*		*	*			96	*	
		InStil InChoice Option II - Regional			*			\$60.00	-									
		InStil InCare				*		\$65.00	-									
		InStil InChoice Option II - Regional			*			\$102.00	\$41.87	*		*	*			96	*	

South Carolina Medicare Advantage, Cost Plans, and Demonstrations

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Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
PICKENS	BlueChoice HealthPlan	Platinum Advantage - Plan C		*					\$51.00	\$36.19	*			*			95	*
		Platinum Advantage - Plan B		*					\$66.00	\$36.19	*			*			95	*
		Platinum Advantage - Plan A		*					\$86.00	\$36.19	*			*			95	*
	BlueCross BlueShield of South Carolina	Medicare Blue Private				*			\$0.00	-								
		Carolina Medicare Prime 15	*						\$29.00	\$28.92			*	*			79	*
	Humana Insurance Company	Carolina Medicare Prime 10	*						\$88.00	\$28.92			*	*			79	*
		Humana Gold Choice PFFS H1804-008				*			\$13.21	\$13.21	*			*			97	*
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
	InStil Health Insurance Company	HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
		InStil InCare				*			\$10.00	-								
		InStil InChoice Option I - Regional			*				\$12.00	-								
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStil InChoice Option II - Regional			*				\$60.00	-								
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
		SecureHorizons Direct Plan 2				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Sterling Option I	Sterling Option I				*			\$9.00	-								
		Today's Option				*			\$30.95	-								
RICHLAND	BlueChoice HealthPlan	Today's Options Premier				*			\$42.95	-								
		Platinum Advantage - Plan C		*					\$51.00	\$36.19	*			*			95	*
		Platinum Advantage - Plan B		*					\$66.00	\$36.19	*			*			95	*
		Platinum Advantage - Plan A		*					\$86.00	\$36.19	*			*			95	*
	BlueCross BlueShield of South Carolina	Medicare Blue		*					\$19.00	\$19.00			*				90	*
		Medicare Blue Private				*			\$30.00	-								
	CAROLINA MEDICARE PRIME	Medicare Blue Plus		*					\$43.00	\$39.48			*	*			95	*
		Carolina Medicare Prime 15	*						\$29.00	\$28.92			*	*			79	*
	Humana Insurance Company	Carolina Medicare Prime 10	*						\$88.00	\$28.92			*	*			79	*
		Humana Gold Choice PFFS H1804-008				*			\$13.21	\$13.21	*			*			97	*
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
	InStil Health Insurance Company	HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
		InStil InCare				*			\$10.00	-								
		InStil InChoice Option I - Regional			*				\$12.00	-								
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStil InChoice Option II - Regional			*				\$60.00	-								
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
		SecureHorizons Direct Plan 3				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Sterling Option I	Sterling Option I				*			\$9.00	-								

South Carolina Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description								Cost					Coverage				Convenience		
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary		
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
County	Organization Name	Plan Name																Mail Order Offered	
SALUDA	BlueChoice HealthPlan	Platinum Advantage - Plan C		*				\$51.00	\$36.19	*				*			95	*	
		Platinum Advantage - Plan B		*				\$66.00	\$36.19	*				*			95	*	
		Platinum Advantage - Plan A		*				\$86.00	\$36.19	*				*			95	*	
	BlueCross BlueShield of South Carolina	Medicare Blue Private				*		\$0.00	-										
		Humana Insurance Company	Humana Gold Choice PFFS H1804-008				*		\$13.21	\$13.21	*				*			97	*
		HumanaChoicePPO PPO R5826-017			*			\$50.00	-										
		HumanaChoicePPO PPO R5826-031			*			\$86.00	\$21.32		*						97	*	
		HumanaChoicePPO PPO R5826-004			*			\$97.00	\$32.47	*				*			97	*	
		InStil Health Insurance Company	InStil InCare				*		\$10.00	-									
		InStil InChoice Option I - Regional			*			\$12.00	-										
		InStil InChoice Option I - Regional			*			\$47.00	\$35.28	*				*			96	*	
		InStil InChoice Option II - Regional			*			\$60.00	-										
		InStil InChoice Option II - Regional			*			\$102.00	\$41.87	*				*	*		96	*	
		SecureHorizons Direct	SecureHorizons Direct Plan 2				*		\$0.00	-									
			SecureHorizons Direct Premier Plan 200				*		\$85.00	-									
		Today's Option	Today's Options Basic				*		\$30.95	-									
			Today's Options Premier				*		\$42.95	-									
SPARTANBURG	BlueChoice HealthPlan	Platinum Advantage - Plan C		*				\$51.00	\$36.19	*				*			95	*	
		Platinum Advantage - Plan B		*				\$66.00	\$36.19	*				*			95	*	
		Platinum Advantage - Plan A		*				\$86.00	\$36.19	*				*			95	*	
	BlueCross BlueShield of South Carolina	Medicare Blue Private				*		\$0.00	-										
			Medicare Blue		*				\$0.00	\$0.00			*				90	*	
			Medicare Blue Plus		*				\$21.00	\$21.00			*	*				95	*
Humana Insurance Company			Humana Gold Choice PFFS H1804-008				*		\$13.21	\$13.21	*				*			97	*
		HumanaChoicePPO PPO R5826-017			*			\$50.00	-										
		HumanaChoicePPO PPO R5826-031			*			\$86.00	\$21.32		*						97	*	
		HumanaChoicePPO PPO R5826-004			*			\$97.00	\$32.47	*				*			97	*	
		InStil Health Insurance Company	InStil InCare				*		\$10.00	-									
		InStil InChoice Option I - Regional			*			\$12.00	-										
		InStil InChoice Option I - Regional			*			\$47.00	\$35.28	*				*			96	*	
		InStil InChoice Option II - Regional			*			\$60.00	-										
		InStil InChoice Option II - Regional			*			\$102.00	\$41.87	*				*	*		96	*	
		SecureHorizons Direct	SecureHorizons Direct Plan 2				*		\$0.00	-									
			SecureHorizons Direct Premier Plan 200				*		\$85.00	-									
		Sterling Option I	Sterling Option I				*		\$9.00	-									
		Today's Option	Today's Options Basic				*		\$30.95	-									
			Today's Options Premier				*		\$42.95	-									
SUMTER		BlueCross BlueShield of South Carolina	Medicare Blue Private				*		\$30.00	-									
			Humana Insurance Company	Humana Gold Choice PFFS H1804-008				*		\$13.21	\$13.21	*				*			97
		HumanaChoicePPO PPO R5826-017			*			\$50.00	-										
		HumanaChoicePPO PPO R5826-031			*			\$86.00	\$21.32		*						97	*	
		HumanaChoicePPO PPO R5826-004			*			\$97.00	\$32.47	*				*			97	*	
		InStil Health Insurance Company	InStil InChoice Option I - Regional			*			\$12.00	-									
		InStil InChoice Option I - Regional			*			\$47.00	\$35.28	*				*			96	*	
		InStil InChoice Option II - Regional			*			\$60.00	-										
		InStil InCare				*			\$65.00	-									
		InStil InChoice Option II - Regional			*			\$102.00	\$41.87	*				*	*		96	*	

South Carolina Medicare Advantage, Cost Plans, and Demonstrations

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Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description								Cost					Coverage				Convenience	
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copayments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
UNION	BlueChoice HealthPlan	Platinum Advantage - Plan C		*					\$51.00	\$36.19	*			*			95	*
		Platinum Advantage - Plan B		*					\$66.00	\$36.19	*			*			95	*
		Platinum Advantage - Plan A		*					\$86.00	\$36.19	*			*			95	*
	BlueCross BlueShield of South Carolina	Medicare Blue Private				*			\$0.00	-								
		Medicare Blue		*					\$0.00	\$0.00			*				90	*
		Medicare Blue Plus		*					\$21.00	\$21.00			*	*			95	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*				\$50.00	-				*				
		Humana Gold Choice PFFS H1804-018				*			\$84.00	\$26.38	*			*			97	*
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*		*			97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStil Health Insurance Company	InStil InCare				*			\$10.00	-				*				
		InStil InChoice Option I - Regional			*				\$12.00	-								
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStil InChoice Option II - Regional			*				\$60.00	-								
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				*			\$95.00	-								
	Sterling Option I	Sterling Option I				*			\$9.00	-								
WILLIAMSBURG	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*				\$50.00	-				*				
		Humana Gold Choice PFFS H1804-018				*			\$84.00	\$26.38	*			*			97	*
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*		*			97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*				\$12.00	-				*				
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStil InChoice Option II - Regional			*				\$60.00	-								
		InStil InCare				*			\$65.00	-								
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
	Sterling Option I	Sterling Option I				*			\$9.00	-								
YORK	Humana Insurance Company	Humana Gold Choice PFFS H1804-008				*			\$13.21	\$13.21	*			*			97	*
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*		*			97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStil Health Insurance Company	InStil InCare				*			\$10.00	-				*				
		InStil InChoice Option I - Regional			*				\$12.00	-								
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStil InChoice Option II - Regional			*				\$60.00	-								
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				*			\$95.00	-								